

**The Tulalip Tribes
Cigarette License
Attn: Amanda**
6319 23rd AVE NE
Tulalip, WA 98271
Telephone: (360) 651-3361

THE TULALIP TRIBES CIGARETTE LICENSE NUMBER

OWNER/BUSINESS NAME (Please print clearly)

CIGARETTE MASTER APPLICATION

Please type or printer clearly in dark ink.

A PAYMENT SUMMARY

LIST ALL CIGARETTE NAMES		FEE
Enclose check for total amount due, including application fee, which MUST be submitted with this form. <i>Make check payable to: The Tulalip Tribes.</i>	APPLICATION FEE	\$ 50.00
	TOTAL AMOUNT PAID	\$

B BUSINESS OWNERSHIP or INDIVIDUAL TO BE LICENSED

(complete appropriate section for Business ownership type or provide information about individual to be licensed.)

Check all that apply <input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> INDIVIDUAL TO BE LICENSED	Owners Name (Last, First, Middle)		Social Security Number - -
	Home Address (Street or Route, P.O. BOX, City, State, Zip)		Home Telephone Number () -
	Spouse (Last, First, Middle)	Is the name of the spouse to appear on this license? <input type="checkbox"/> YES <input type="checkbox"/> NO	Social Security Number - -
PARTNERSHIP List Partners In Section C	Partnership Name if any <input type="checkbox"/> Limited (limited write name exactly as registered with Secretary of State)		Number of Partners
	Partnership Mailing Address (Street or Route, P.O. BOX, City, State, Zip)		
CORPORATION List Corporate Officers in Section C	Corporation Name (Exactly as registered with State of Washington)		Date of Incorporation
	Number of Corporate Officers	Are any Corporate Officers in Washington also Directors and Shareholders? <input type="checkbox"/> YES <input type="checkbox"/> NO	State of Incorporation
LIMITED LIABILITY COMPANY List of Managers or Members in Section C	Company Name (Exactly as registered with State of Washington)		Date of Formation
	Number of Managers (if no managers, number of members)		State of Formation
OTHER List Principals in Section C	Name of the Organization	Type of Organization	Business Mailing Address (Street or Route, P.O. BOX, City, State, Zip)

C PARTNERS, CORPORATE OFFICERS OR LIMITED LIABILITY COMPANY MANAGERS (or members if no managers were elected.)

Name (Last, First, Middle)	Birth date	Social Security Number - -	% Owned
Home Address (Street or Route, P.O. Box, City, State, Zip)		Home Telephone Number () -	Title
Spouse (Last, First, Middle)	Social Security Number - -		
Name (Last, First, Middle)	Birth date	Social Security Number - -	% Owned
Home Address (Street or Route, P.O. Box, City, State, Zip)		Home Telephone Number () -	Title
Spouse (Last, First, Middle)	Social Security Number - -		

D BUSINESS INFORMATION (Complete for actual location where the Cigarettes will be sold.)

(Attach additional sheets if necessary)

Date Business first will be (was/is) conducted, under this owner, at this WA location: Mo Day Yr <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Firm/Trade Name			
	Business Mailing Address (Street or Route, P.O. Box, Suite # - Do not use building name)			
	City	State	Zip	Business Telephone Number () -
Business Location (Street or Route, City, State, Zip – Physical Location Only)			FAX Number () -	
Is this Business <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time	County			
Estimated Gross Annual Income on the Tulalip Indian Reservation			Your Federal I.D. Number (FIN)	
Describe in detail the principle products sold or services you provide on the Reservation. Indicate if sales are retail or wholesale and if products are manufactured on the reservation:			Number of Employees:	Is this an Indian Owned Business <input type="checkbox"/> YES <input type="checkbox"/> NO
Name and Address of Personal or Business References (Street or Route, P.O. Box, City, State or Zip)			Telephone Number () -	
Bank Name (where you do Business)		Bank Branch Name		
Is this Business owned by, controlled by, or affiliated with any other Business entity? <input type="checkbox"/> YES <input type="checkbox"/> NO		If YES, list other Business entity:		
Is this a Nonprofit Organization for educational, religious, or charitable purpose? <input type="checkbox"/> YES <input type="checkbox"/> NO				

E SIGNATURE (of sole proprietor or spouse, partner(s), corporate officer(s), or limited liability manager(s) or member(s).)

Signature(s) required (if a corp., corporate officer must sign; if a limited liability co., manager must sign) X	Title	Date	
X	Title	Date	
X	Title	Date	
Application prepared by (please print)	Title	Telephone Number () -	Date